

This form can be used to document HIV test results when using the Clearview® Complete rapid HIV test and HCV test results when using the OraQuick® rapid HCV test.

Facility Information			
Facility Name		Telephone Number	First Name of Counselor
Client Information			
Last Name	First Name	Sex	Date of Birth
		☐ Male	
		☐ Female	
Clearview® Complete Rapid HIV	Test Results		
☐ Negative (Nonreactive)	Date	е	
☐ Preliminary Positive (Reactive)			
☐ Scheduled return for confirmatory test results Date: Time:			
Fax a copy of the preliminary positive test result to the HIV Program, confidential fax at 701.328.0356			
OraQuick®Rapid HCV Test Res	ults		
☐ Negative (Nonreactive)	Date	е	
☐ Preliminary Positive (Reactive)			
Scheduled return for confirmatory test results  Date: Time:			
☐ Fax a copy of the preliminary positive test result to the Hepatitis Program, confidential fax at 701.328.0355			
Client's Signature			
Signature		Date of Signature	
Notes			